

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Maggie E. Adams

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Edgar d Milligan		Father's Birthplace	Fairmount
Mother's Maiden Name	Charlotte E. Milligan		Mother's Birthplace	Fairmount
Name of person giving information	Husband		How related to deceased	

CAUSES OF DEATH

Primary

(60)

How long

Immediate

Nervalgia of heart

How long

1/2 hr.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

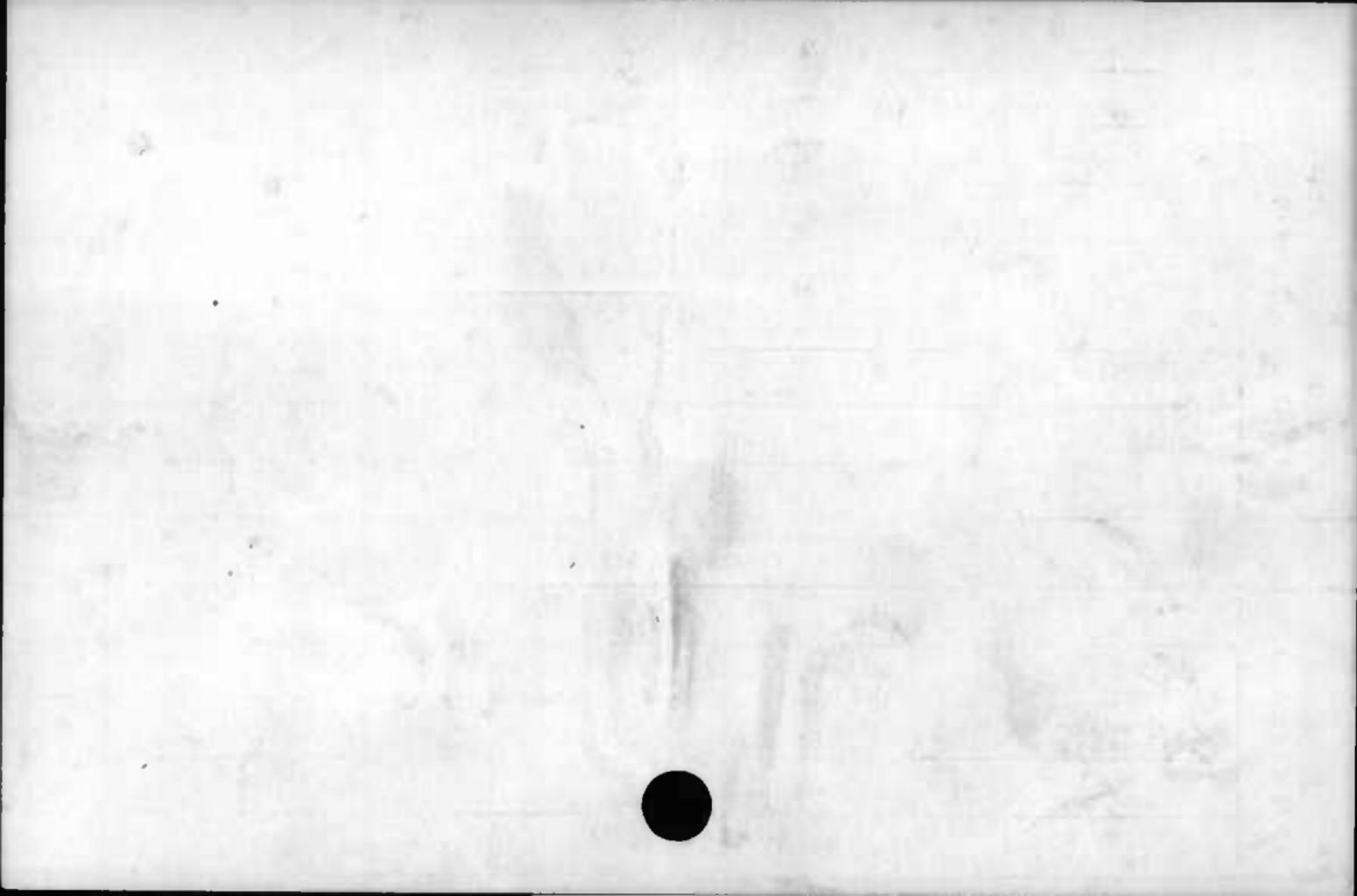
G. W. Gile

Address

Manassas

Accident or Suicide?

Med.



Name in Full

Certificate of Death

Sallie A Adams

355

Town

Edgewater

County

Sonoma

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 19

Aug 11

Age

62 2 0

Died

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Edward Adams

Mother's

Maiden Name

Doris Brown

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Levin Anderson

Died at	Town	County	CERTIFICATE OF DEATH		
Real Island		Baltimore			
MARYLAND					

TO BE ANSWERED BY
NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1906	Apr	2		10	
Sex	Male	Color or Race	white	Birth-place	Real Island
Occupation				Where Residing if not at place of death	Real Island
Married, Single or Widower	single	Name of Wife or Husband			
Father's Name	Thomas Anderson			Father's Birthplace	Real Island
Mother's Maiden Name	Kate Webster			Mother's Birthplace	Real Island
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia - Bronchitis

⑨2

How long

2 weeks

Immediate

Asthma

How long

4-6 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

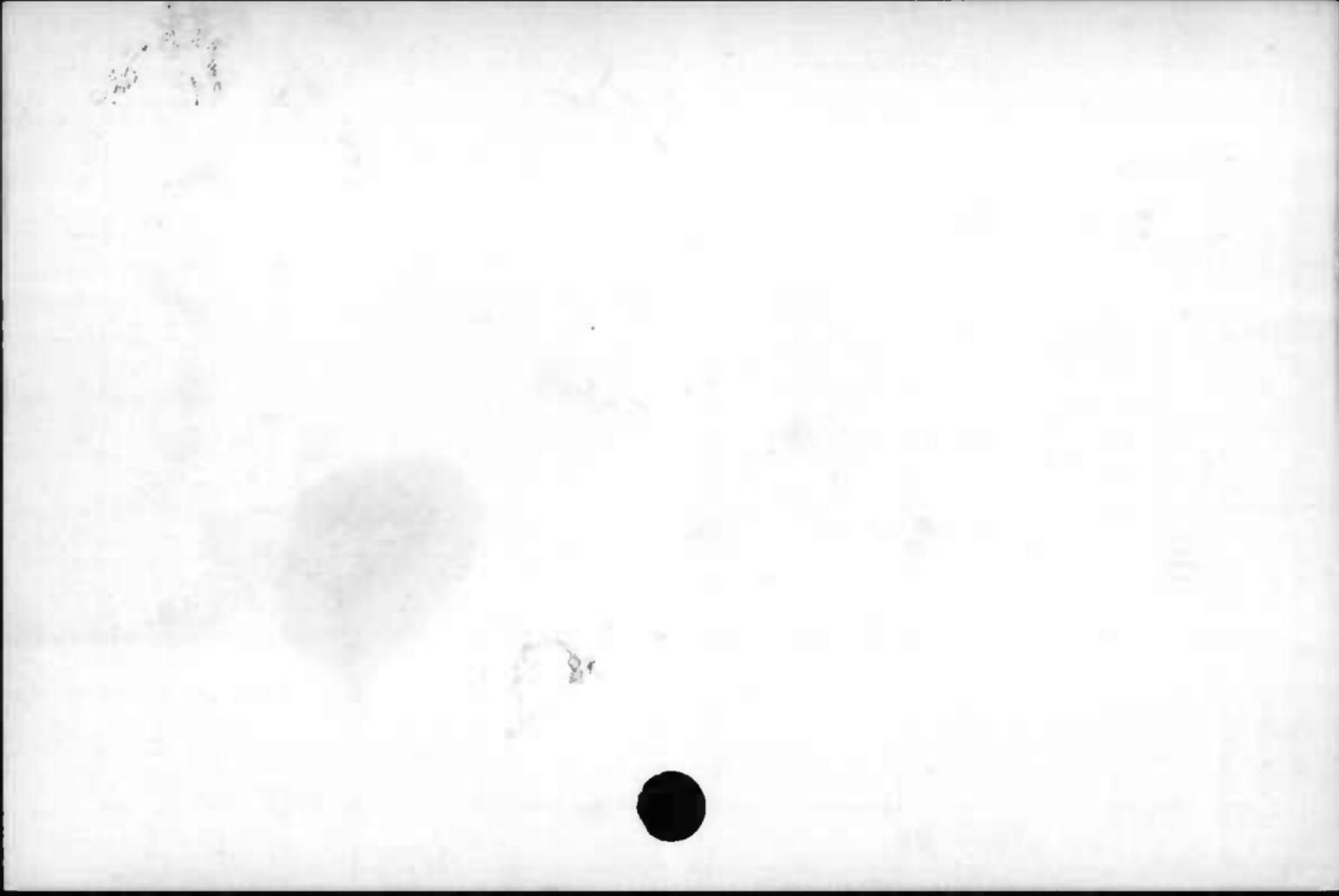
S. G. Alexander

Address

Somerset Co.

Yes

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Deal Island	Town	County	MARYLAND	
Date of death	1904	Month 4	Day 22	Years 05	Months Days
Sex	Male	Color or Race	white	Birth- place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Ellen	Collier	
Father's Name	Geo	Collier	(1)	Father's Birthplace	Md
Mother's Maiden Name	Ellen	Benton	(2)	Mother's Birthplace	Md
Name of person giving Information	Della, H. Dabrell				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

15 years

Immediate

Asthma

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

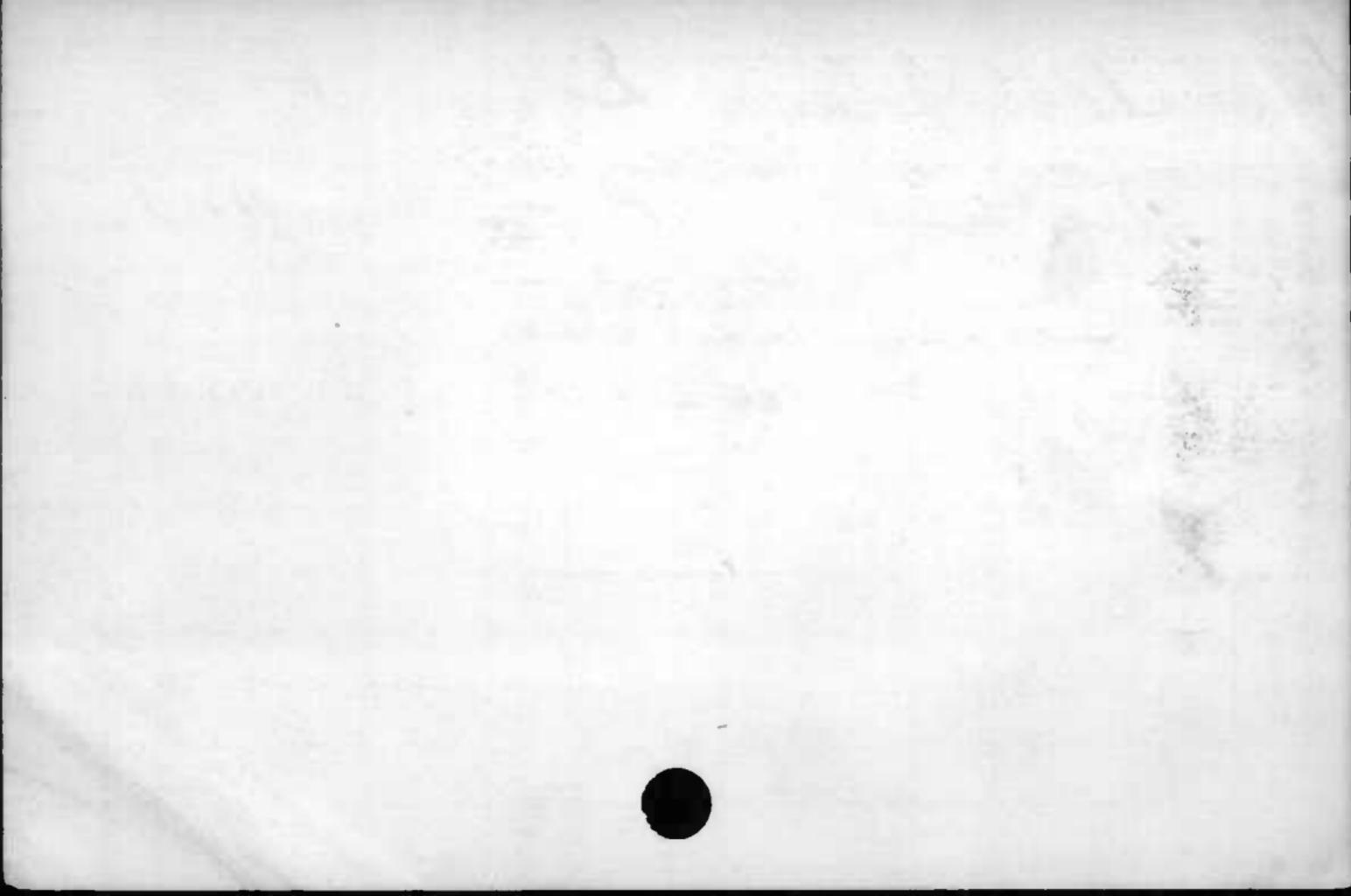
Signature of
Physician

Address

J. S. Alexander

Accident or Suicide?

Yes



Town Pittsburgh County Somerset

MARYLAND

Died at

Date <u>1906</u>	Month <u>April</u>	Day <u>10</u>	Age <u>34</u>	Y. <u>+</u> M. <u>-</u> D. <u>13</u>	Native of <u>Maryland</u>	Occupation <u>Husband</u>
<u>Male</u> Female	White Colored	Married Single	<u>Widow</u> <u>Widower</u>	<u>Divorced</u> Number of children living <u>3</u>		

Husband of

Edward Cooper

Wife

Father's

Name

Cause of

Primary

Typhoid fever

Mother's Name

Margaret Moore

Death

Immediate

How long sick

15 days

Accident, Suicide, Homicide

Reported by

Dr E. S. Miles

Address

Pittsburgh  Somerset Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sneed, A. Dashields

CERTIFICATE OF DEATH

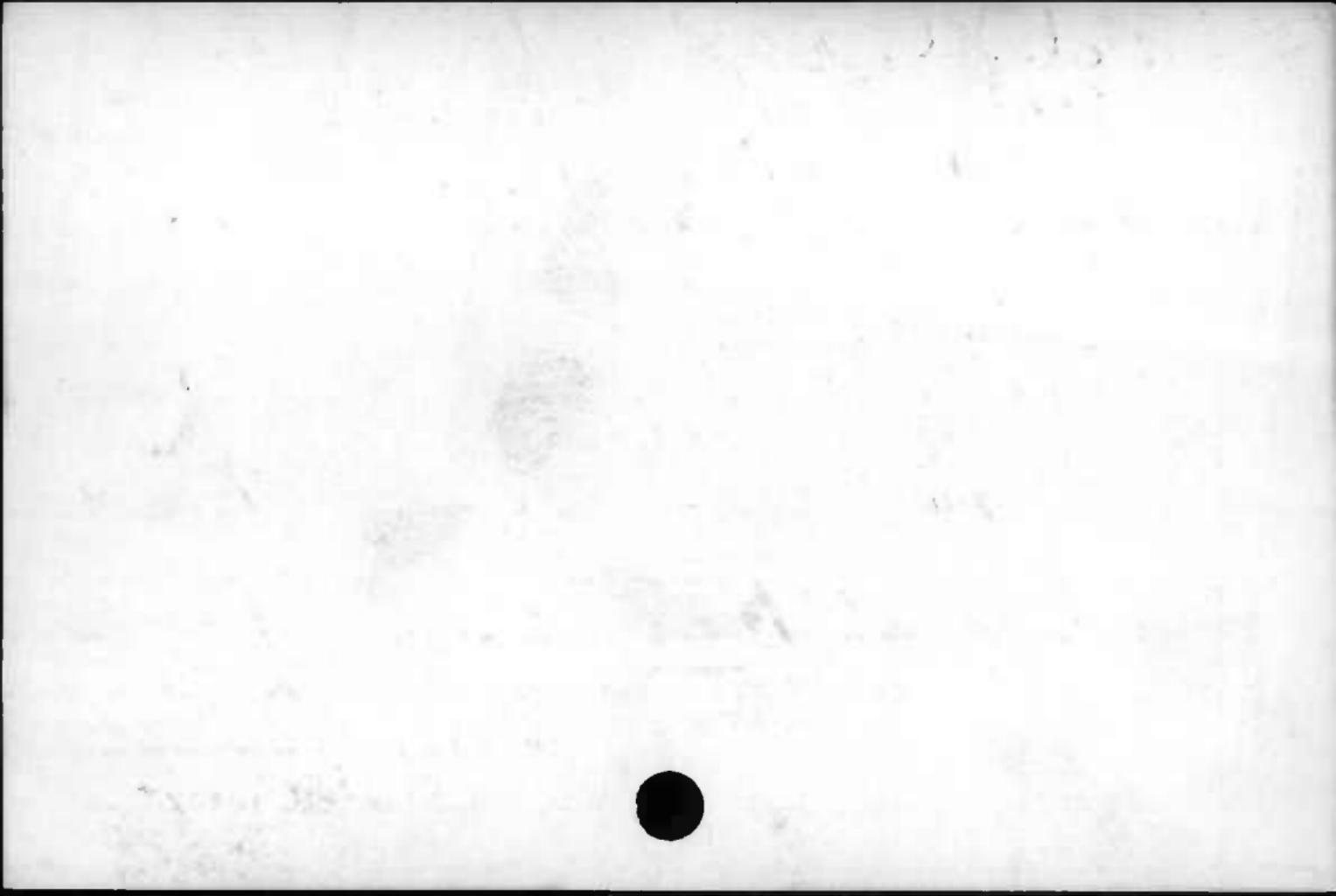
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Mat Dashields		Father's Birthplace	Md	
Mother's Maiden Name	Kittie Wallace		Mother's Birthplace	Md	
Name of person giving Information	Mat Dashields		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronch Pneumonia		How long	1 week
Immediate	Asthma		How long	2053 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. G. Alexander	
		Address	Somerset Co.	
Accident or Suicide?				



Name
in
Full

Milton Haywood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

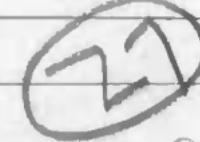
PHYSICIAN
OR CORONER

Died at Union		Town	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months
1904	April	18	8		10
Sex	Female	Color or Race	Colored		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Elaine Haywood				

CAUSES OF DEATH

Primary

Tuberculosis



How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas. L. Deneen
Princess Anne
Md

Accident or Suicide?

Dr Fishes

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

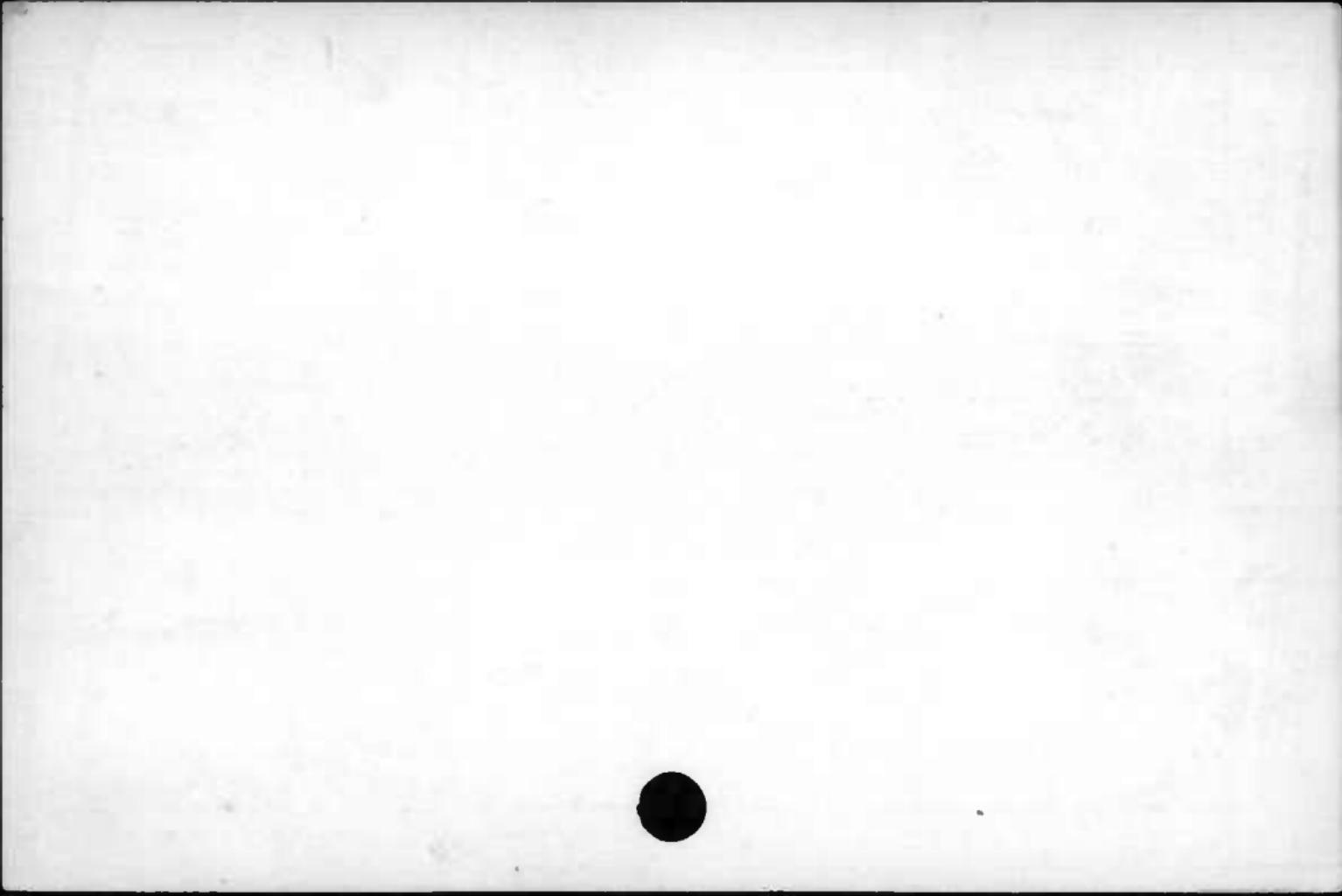
Trussell Linsky Horner

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

Primary	Whooping Cough		How long	5 weeks
Immediate	Bronchitis - Pneumonia		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. J. Windsor, M.D.	
		Address	Dunes Quarters, Somerset Co., Md.	
Accident or Suicide?				



Name
in
Full

Garrison Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Chance	Town	County	MARYLAND		
Date of death	1906	Month apr	Day 5 th	Years 15	Months	Days
Sex	male	Color or Race	Colonial		Birth-place	Somerset Co.
Occupation	-	Where Residing if not at place of death			-	
Married, Single or Widowed	-	Name of Wife or Husband	-			
Father's Name	John R. Jones			Father's Birthplace	Som. Co	
Mother's Maiden Name	Hester Gale			Mother's Birthplace	Som. Co	
Name of person giving information	John R. Jones			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis

(106)

How long

3mos.

Immediate

asthma

How long

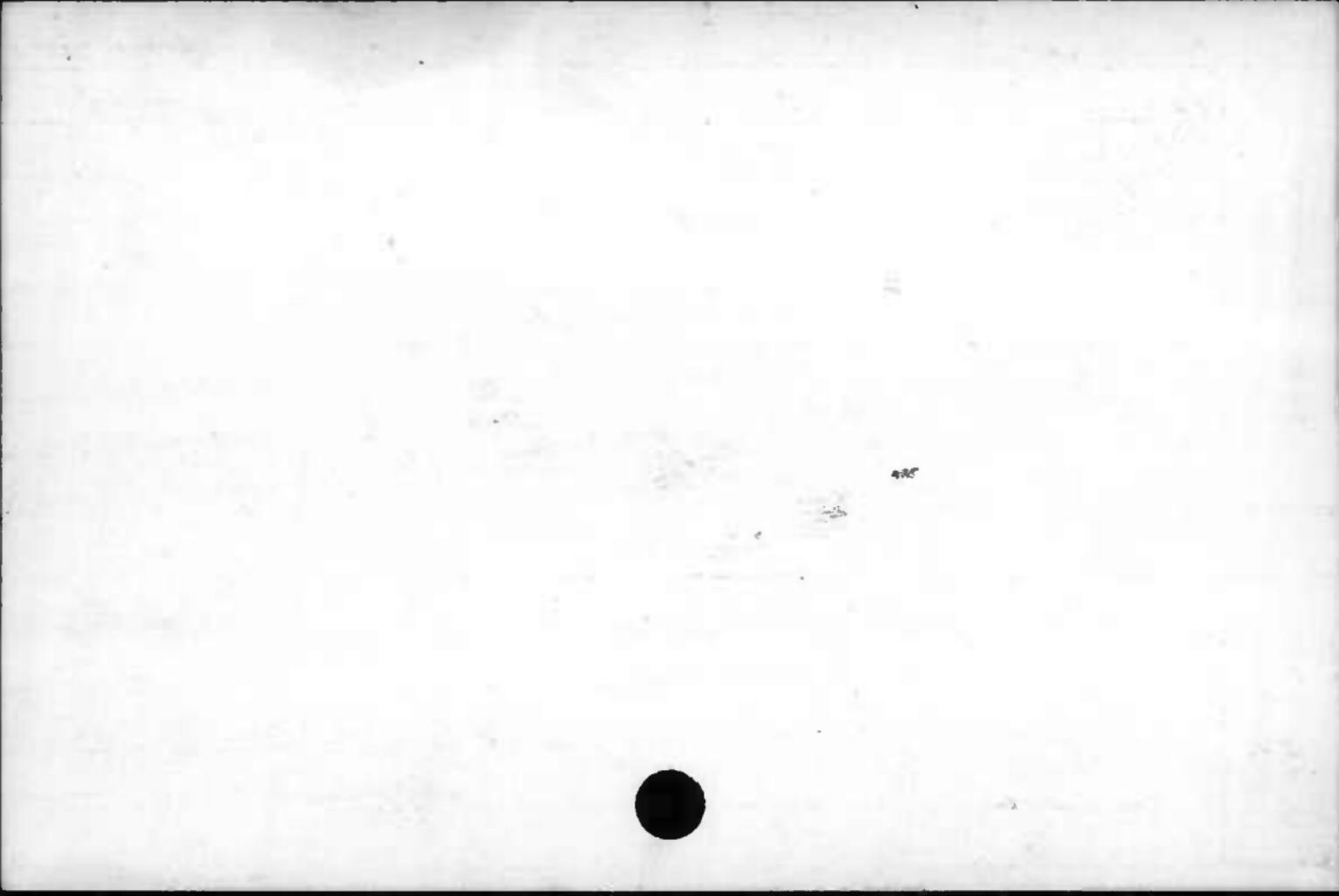
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

S. J. Wadsworth

Accident or Suicide?

Address
Jameson Hall
Somerset Co., Md.



Name
in
Full

Harriet Lunkford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Marion		Town	County Somerset		MARYLAND	
Date of death 1906	Month April	Day 20"	Years 86	—	Months —	Days —
Sex Female	Color or Race White	Birth-place Somerset Co.				
Occupation Housewife	Where Residing if not at place of death Marion					
Married, Single or Widowed	Name of Wife or Husband Isaac S. Lunkford					
Father's Name Benjamin Lunkford	Father's Birthplace Don't know					
Mother's Maiden Name Don't know	Mother's Birthplace Don't know					
Name of person giving information Benj. Green	How related to deceased Son-in-law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

1 year

Immediate

Heart failure

How long

few hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Emory E. Bell

Address

Marion

Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
1906	Apr.	18	10				
Sex	Female	Color or Race	white	Birth- place	St. Paul		
Occupation						Occupation	
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	John E. Northern			Father's Birthplace	Virginia		
Mother' Maiden Name	Sarah E. Corbett			Mother's Birthplace	Maryland		
Name of person giving Information	John E. Northern			How related to deceased	Father		

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

- 10

CAUSES OF DEATH

۹۳

Primary

CAUSES OF DEATH 03
Cobalt Poisoning

How long

9 days

Immediate

Asthenia

How long 3 days

Are the names

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address  <i>S. G. Cleghorn Bonnivart</i>
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Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Martha Robertson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town
Kingston

County

Somerset

MARYLAND

Date
of death

1906

Month

7

Day

3

Years

82

Months

—

Days

Age

Sex

Female

Color or
Race

Blut

Birth-
place

Worcester and

Occupation

House Wife

Where Residing if not
at place of death

Kingston San Co W

Married, Single
or Widowed

Name of Wife or
Husband

Alex Robertson

Father's
Name

William Riley

Father's
Birthplace

Worcester

Mother's
Maiden Name

Martha Burnell

Mother's
Birthplace

Md

Name of person giving
Information

John C. Robertson

How related
to deceased

Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

(154)

How long

1 year

Immediate

"

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John C. Robertson
None in attendance

Accident or Suicide?



Mary Simphkins

Town

Died at

Mt Vernon

County

Inman

MARYLAND

Date
of death

Month

Day

Years

Days

1906

4

13

Age

21

Sex

Female

Color or
Race

white

Birth-
place

Mt Vernon

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William W Simphkins

Father's
Birthplace

Mt Vernon

Mother's
Maiden Name

Mary Lawrence

Mother's
BirthplaceGrapp
FatherName of person giving
Information

Lizzie W Simphkins

How related
to deceased

Father

CAUSES OF DEATH

Primary

Bowel trouble

105

How long

Two weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

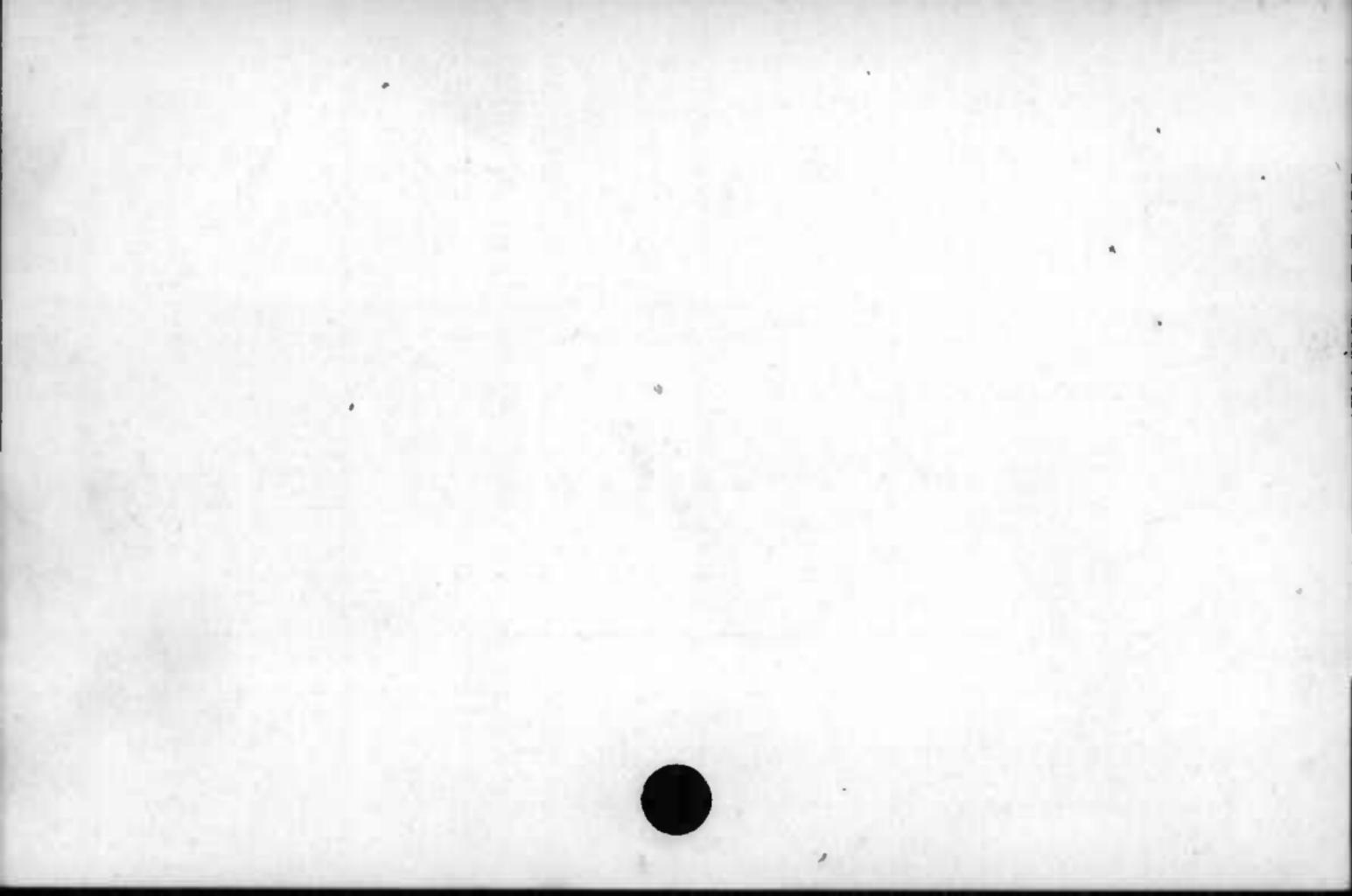
John Dashill

Address

undertaker

Accident or Suicide?

Mt Vernon Md



Name
in
FullTo BE ANSWERED BY
NEAREST FRIEND

Eldora C Tilghman				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death 1906	Month April	Day 1	Age 30	Months	Days		
Sex female	Color or Race Colored			Birth-place Mt Vernon			
Occupation Laborer	Where Residing if not at place of death			" "			
Married, Single or Widowed	Name of Husband	Wm H Tilghman		Father's Birthplace Mt Vernon			
Father's Name John Waters				Mother's Birthplace " "			
Mother's Maiden Name Esther Waters				How related to deceased Husband			
Name of person giving information Wm H Tilghman							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Aortic Insufficiency		19	How long 1 year
Immediate	Asthma			How long 1 day
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Henry McLaufford M.D.	
			Address Princess Anne	
Accident or Suicide?		No		M.D.

Dr Lankford

Name
in
Full

Silas Sibley Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Hosie L. Webster		Father's Birthplace	md	
Mother's Maiden Name	Laura Webster		Mother's Birthplace	md	
Name of person giving information	H. C. Webster (3)		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia followed by	How long	10 days-
Immediate	Gastro-intestinal catarrh, asthma	How long	20 days-

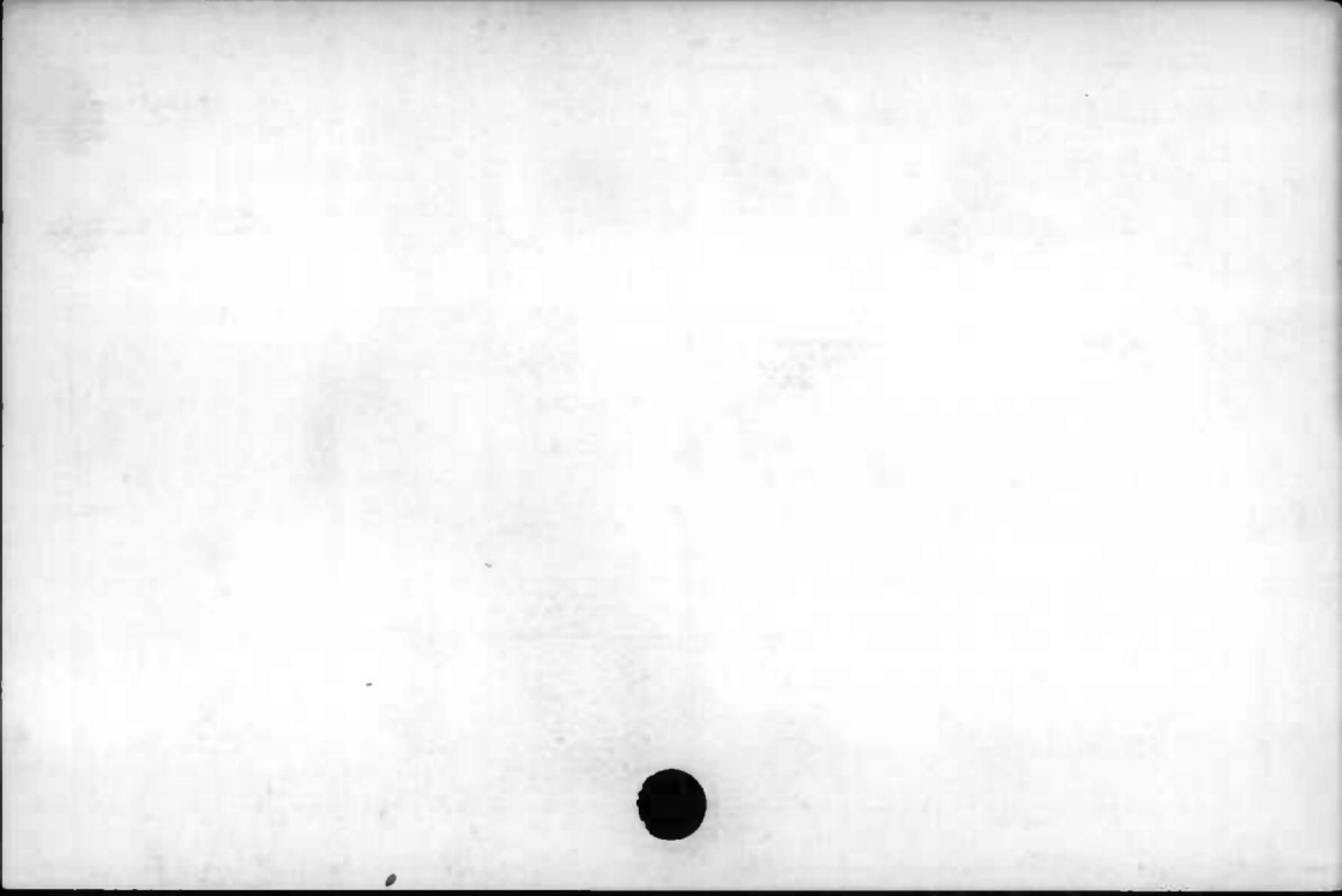
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. G. Alexander
Somerset

Accident or Suicide?



Name
in
Full

Aljah Whittingboro

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1906	April	15 th	Age 84
Sex	Color or Race	Birth-place	Months Days
Male	White	Somerset Co	— —
Occupation	Where Residing if not et place of death	—	
Single or Widowed	Name of Wife or Husband	—	
Father's Name	—		
Mother's Maiden Name	—		
Name of person giving information	—		
Father's Birthplace —			
Mother's Birthplace —			
How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary —

Immediate

Senile Debility 154

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G. E. Dickinson
Upper Fairmount
Md.



Accident or Suicide?



Thos. W. Landon Esq.
Landonville
Md.

Name
in
Full

Hazephiah H. Willing

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

own
Chancery

County
Somerset

MARYLAND

Date of death	Month	Day	Years	Months	Days	
1906	Sept.	31st	85	2		
Sex	Color or Race	Age	Birth-place	Cause of Death		
Male	white	85	Somerset Co., Md.	Diseased		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	How related to deceased					
Son-in-Law						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia (3) weeks
ex transiit

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

S. J. Wiedersky

Address
Dolores Quayle
Somerset Co., Md.

Accident or Suicide?

No

